

**Neifeld Docket No: HESP0010U-US**

Application/Patent No: 09/575,377

USPTO CONFIRMATION NO: 2330

File/Issue Date: 5/22/2000

Inventor/title: Hickman / High Throughput Functional Genomics

Examiner/ArtUnit: Marianne Allen / 1647

**37 CFR 1.7(e) FILING RECEIPT AND TRANSMITTAL LETTER WITH  
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PTO/SB/82 (01-06)

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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/575,377
	Filing Date	5/22/2000
	First Named Inventor	Hickman, Ph.D.
	Art Unit	Unknown
	Examiner Name	Unknown
	Attorney Docket Number	HESP0010U-US

I hereby revoke all previous powers of attorney given in the above-identified application.																						
<input type="checkbox"/> A Power of Attorney is submitted herewith.  <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer <span style="border: 1px solid black; padding: 2px;">31518</span>																						
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px;">31518</span>																						
<b>OR</b> <table border="1"> <tr> <td><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td></td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td colspan="3">Email</td> </tr> </table>			<input type="checkbox"/> Firm or Individual Name				Address				City		State	Zip	Country				Telephone	Email		
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<input checked="" type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>																						
<b>/SIGNATURE of Applicant or Assignee of Record</b>																						
Signature																						
Name	James S. Hickman																					
Date	2-4-07	Telephone 864-710-8472																				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																						
<input type="checkbox"/> *Total of _____ forms are submitted.																						

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